

Headlines from the Hill

The RN Safe Staffing Act and what it means for you

By Jerome Mayer

As STATES CONTINUE to address nurse staffing through state legislation, with many instances of success, it still remains unlikely that every state will address safe staffing in a similar way. That's why ANA continues to advocate for federal legislation, which if enacted would extend the protection of safe nurse staffing to all states.

In the current 112th Congress, ANA-supported safe staffing legislation has been introduced in the House and Senate. The Senate and House sponsors, Sen. Daniel Inouye (D-HI) and Rep. Lois Capps (D-CA) respectively, introduced the Registered Nurse Safe Staffing Act (H.R. 867/S. 58), which would hold hospitals accountable for the development of valid, reliable unit-by-unit nurse staffing plans. These plans would be developed in coordination with direct-care registered nurses (RNs) and would be based on each unit's unique characteristics and needs. ANA continues to educate members of Congress and build support for this important legislation.

Insufficient nurse staffing is still among the top concerns for nurses today. Accordingly, securing appropriate staffing to protect nurses and patients remains a priority for ANA. The RN Safe Staffing Act recognizes nurses as professionals by requiring that they play an integral part in staffing plan development and decision making. Whether safe nurse staffing is regulated at the state or federal level, legislation is useless if compliance is not assured. Oversight of staffing plan implementation and penalties for failure to comply are necessary elements of nurse staffing initiatives.

So what would the RN Safe Staffing Act do? It would require Medicare-participating hospitals, through a committee comprised of at least 55% direct-care nurses or their representatives, to establish and publicly report unit-by-unit staffing plans.

Moreover, the unit-by-unit staffing plans must:

- establish adjustable minimum numbers of RNs
- include input from direct-care RNs or their exclusive representatives
- be based on patient numbers and the variable intensity of patient care needed
- take into account the level of education, training, and experience of the RNs providing care
- take into account the staffing levels and services provided by other healthcare personnel associated with nursing care
- consider staffing levels recommended by specialty nursing organizations

- take into account unit and facility level staffing, quality and patient outcome data, and national comparisons as available
- take into account other factors impacting the delivery of care, including unit geography and available technology
- ensure that RNs are not forced to work in units where they are not trained or experienced.

ANA encourages policy makers to utilize all tools available to them to ensure appropriate staffing levels and improve accountability. After more than a decade of experience with staffing laws and regulations, ANA supports inclusion of minimum upwardly adjustable nurse-to-patient ratios in combination with a staffing committee approach.

Regardless of which approach is implemented to address the problem, no staffing system or ratio can protect patients and nurses without transparency and enforcement. The RN Safe Staffing Act requires public reporting of staffing information; hospitals would be required to post daily the number of licensed and unlicensed staff providing direct patient care on each unit and each shift, while specifically noting the number of RNs; data must also be reported to the Secretary of Health and Human Services (HHS) for publication on the Department's Hospital Compare website. The bill also requires collection and public reporting of quality data relating to nursing services.

RNs and others who may file a complaint regarding staffing will be provided whistleblower protection. The bill also allows refusal of assignments and establishes procedures for receiving and investigating complaints. Most importantly, under this legislation hospitals would be held accountable under the RN Safe Staffing Act through enforcement mechanisms, including civil monetary penalties that can be imposed by the Secretary of HHS for each knowing staffing violation, as well as penalties for failure to collect and publicly report staffing and nursing-sensitive indicator data.

ANA values all initiatives intended to improve RN staffing levels. The preferred approach is one in which direct-care nurses are included in developing the staffing plans in concert with management. With at least 55% of RNs on a hospital-wide staffing committee, members create plans capturing the unique characteristics of each unit, such as the patient population and intensity of needs, and staff skill mix and experience.

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